DMCA SAFE HARBOR FORM

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Open Network Television, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): ONTV, Openomic.com, ION, IONDB

Address of Service Provider: 93 Montague Street, #162, Brooklyn, NY 11201 (Do not use a P.O. Box)

Name of Agent Designated to Receive Notification of Claimed Infringement: <u>Jonathan R. Oakes</u>

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 93 Montague Street, #162, Brooklyn, NY 11201

Telephone Number of Designated Agent: (917) 447-7838

Facsimile Number of Designated Agent: (917) 591-9824
E-mail Address of Designated Agent: DCMA@openvision.tv

Signature of Officer or Penrocontative of the Designating Service Provider:

______ Date: May 10, 2006

Typed or Printed Name and Title: Jonathan R. Oakes, Managing Member

Note: This Interim Designation must be accompanied by a \$30 Filing Fee made payable to the Register of Copyrights.



RECEIVED

MAY 16 2006

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